

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT



1 File Number U 10523

2 Fiscal Year Covered From

7/1/04 Through 12/31/04

3 Name and address of person filing

Name

KEVIN POPA

4 Name, file number, and address of labor organization

Name

INDIANAPOLIS PAINTERS LOCAL 47

Labor Organization File Number

037631

P.O. Box Bldg Room No. If any

Street

533 BUFFALO RUN DRIVE

City

INDIANAPOLIS

State

IN

ZIP Code + 4

46227

P.O. Box, Building and Room Number, if any

Street

6501 MASSACHUSETTS AVE

City

INDIANAPOLIS

State

IN

ZIP Code + 4

46205

5 Position in labor organization

LOCAL 47 TRUSTEE, APPRENTICESHIP TEACHERS

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg Room No. If any

Street

City

State

ZIP Code + 4

7 a Nature of Interest, Transaction, or Income

7 b Amount

0

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Kevin Popa

On

8/15/05
Date

(317) 854-0503
Telephone Number

Name of Person Filing KEVIN POPA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PAINTERS LOCAL 47**
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street **6501 MASSACHUSETTS AVE**
City **INDIANAPOLIS**
State **IN** ZIP Code + 4 **46226**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **LOCAL 47 APPRENTICESHIP FUND**
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street **6501 Massachusetts Ave**
City **INDIANAPOLIS**
State **IN** ZIP Code + 4 **46226**

11.a. Nature of such dealing.

TRAINING OF COMMON MEMBERSHIP

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

SALARY & Benefits of training Membership
Salary = 46,278
Health Insurance = 10,229
Pension = \$8198

12.b. Amount.

\$64,705

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

0

August 15 2005

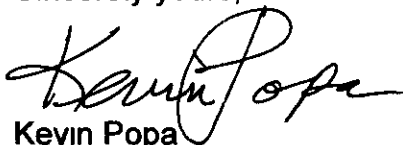
U S Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington DC 20210

RE Form LM-30 (1/1/04 – 12/31/04)

To Whom It May Concern

The transactions dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. I am a first-time filer and was unaware of the filing requirements until recently some items may have been unintentionally omitted. If, in the future it comes to my attention that there exists a transaction dealing or interest that should have been reported for the period of January 1 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Sincerely yours,



Kevin Popa
Trustee for Painters Local 47 and
Painters Local 47 Training Fund Instructor

CERTIFIED MAIL # 7003 0500 0000 2781 7385